## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

									TD.//	
Establishment Name TACO BELL NO. 31510						F	Telephone Number	Date of Inspection	ID#	
Address 2563 CHARLESTOWN ROAD, NEW ALBANY IN 47150							Est 812/948-8861 Own 812-945-9810	10/30/2023		
Owner							Purpose	Follow Up	Released	
C&M SMITH RESTAURANTS, INC							X Routine	11/06/2023		
Owner's Address 5140 CHARLESTOWN RD NEW ALBANY, IN 47150							Follow-up  Complaint			
Person in Charge JERIMIAH SEABOLT							Pre-Operational			
Responsible Person's Email JWHITT@CMSTACOBELL.COM							Temporary HACCP	Menu Type  1 2 _X 3	4 5	
Certified Food Handler SCOTT BRYANT							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section # C NC R Narrative							To Be Corrected			
				VALVE TO THE	E FAUCET OR C	ONNECTI	. FCHD RECOMMENDS II NG THE DISPENSER TO A E DISCONNECTED BETV	AN INDEPENDENT	EDER	
Summary of Vio	lations	C	! _	NC _	R			0		
Received by (name and title printed):							Inspected by (name and title printed):			
JERIMIAH SEABOLT							Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		